

GENERAL FACT SHEET

BILL NUMBER 14R-105

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for City/County Blood Chemistry Profile	4-7-2014	Multiple Year Contract - 4 years
Quote No. 4760		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide the Annual Requirements for City/County Blood Chemistry Profile for the City of Lincoln Risk Management Department, as per Quote No. 4760, for a four (4) year term beginning upon execution of the contract.</p> <p>These products/services are being provided by Nebraska LabLink and will be used by Risk Management for administering blood chemistry profiles.</p> <p>The contract cost is estimated to be \$12,000.00/year, for a total cost \$48,000.00 for the four (4) year period.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	City of Lincoln Risk Management
	Applicants/Proponents	Applicant: Purchasing City Department: Risk Management
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	X For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

<p>Resolution to provide the Annual Requirements for City/County Blood Chemistry Profile for the City of Lincoln Risk Management Department, as per Quote No. 4760, for a four (4) year term beginning upon execution of the contract.</p> <p>These products/services are being provided by Nebraska LabLink and will be used by Risk Management for administering blood chemistry profiles.</p> <p>The contract cost is estimated to be \$12,000.00/year, for a total cost \$48,000.00 for the four (4) year period.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	OPERATIONAL IMPACT ASSESSMENT	
	FINANCES	
	COST AND REVENUE PROJECTIONS	<p>COST of total project: \$48,000.00</p> <p>COST of this Ordinance/Resolution \$48,000.00</p>
		<p>RELATED annual operating Costs \$12,000.00</p>
		<p>INCREASE REVENUE EXPECTED/YEAR \$</p>
SOURCE OF FUNDS	<p>CITY [Approximately]</p> <p>Risk Management \$48,000.00 %100</p> <p>NON CITY [Approximately]</p> <p>County Depts. \$13,416.00 %100</p> <p>_____ \$ _____ %100</p> <p>_____ \$ _____ %</p>	
BENEFIT COST <input type="checkbox"/> Front Foot _____ Average Assessment <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY: *Steve Hubble*

REFERENCE NUMBER